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ENVIRONMENTAL SENSITIVITY

Mr Michael D. Harris (Nipissing): To the Minister of Health: Last week I asked you to intervene in the case of Marilyn McCleary. She's a Barrie woman who is trapped in Texas, unable to pay her medical bills and unable to come home because there's no facility in Ontario to treat her illness. She was promised 75% OHIP coverage for her bills, she went to Texas on that basis and they were paid until December on that basis, and then the promise was revoked. You've had several days to reflect on Marilyn's desperate situation. I would ask you again, Minister: What action have you taken to ensure that Marilyn McCleary can come home?

Hon Frances Lankin (Minister of Health): I'm not sure I understand the last part of the member's question. I think he asked what steps we've taken to ensure that the individual could come home, and I think in fact he's asking us to continue to support treatment outside of the country. Perhaps I could ask him to clarify that in a supplementary.

In general, in terms of what steps I've taken since the leader of the third party raised the issue, I certainly have indicated that I find this a very difficult disease to deal with when, particularly in Ontario, it is not a recognized disease among the medical profession, so it leaves us in a difficult situation. However, I have been trying to bring together people who are doing work and research on this to get the best advice with respect to the development and the state of knowledge of environmental hypersensitivity at this point in time and what steps can be taken. I hope to follow up on that by bringing together a group, including consumers, to talk about specific initiatives that may be helpful to Marilyn and to others who are suffering from this particular set of immune deficiencies and environmental sensitivities.

Mr Harris: I appreciate that something is going to have to be done for the long term. You talk about lack of evidence: There are books out on the subject, I've got numerous reports here by various ministries, and the minister will know that I raised the Thomson report, which I believe back in 1985 or 1986 recommended that a facility be built in Ontario. Six or seven years later, nothing has happened on that.

But your answer today does nothing for Marilyn McCleary. She weighed 90 pounds when she flew to Texas. She broke 15 bones on the flight down because of the frailty of her body. She then reached 125 pounds after treatment in Texas. Minister, I'm not asking you to go through all the research, I'm not asking you to intervene with the medical arguments for or against what should be proposed in Ontario. I am asking you to intervene for Marilyn McCleary. It is obvious that she was dying in Ontario without any treatment, just as it must be obvious that she is progressing with the treatment in Texas.

We paid for 100% of this treatment before, then you made a deal for 75%, and now that she is getting better, you have pulled the rug out from under her and said, "No, the user fee won't be 25% any more, it'll be 75%." That has left her with two choices: come home and die, or bankruptcy.

I would ask you again, Minister, while you're trying to come up with a long-term or final solution for others, would you not agree that this is a case in which you should intervene personally and make sure

that today Marilyn McCleary is not faced with that choice of dying or bankruptcy?

Hon Ms Lankin: The member will know that I have to be very careful in talking about the specifics of the case. I should make it clear to members that there are treatments available here in Ontario and many Ontario citizens who have a range of diagnoses from doctors that relate to environmental sensitivities are receiving treatment here.

Since the Thomson report of 1985, there has been continued research and there is developing opinion on this. In fact, that developing opinion contradicts some of the recommendations that were made in that report in 1985.

What I would like to be able to do is to move on bringing people together on this issue and determine a course of action, that where there is agreement of medically accepted practices to try to treat people and develop a program that will be helpful to people, including the individual the leader of the third party raises the case situation about.

I am certainly not without compassion in the individual case and I understand the plea he is making. I will attempt to do what I can within the framework of the structure of the system we have for delivering health treatment resources to people based on the best scientific evidence and knowledge we have about available and effective treatment.

Mr Harris: Health and Welfare Canada's 1990 conference on the issue concluded this: "Environmental sensitivities need to be considered on a case-by-case basis, with compassion for the individual being the central tenet of treatment." This was a 1990 study which concluded that no mumbo-jumbo, no collection of doctors, no slot will exist for every person who is faced with what has been called the 20th-century disease in common terminology. It recognized that and it suggested this approach for ministers of health, I would suggest, or those responsible for administering OHIP: It should be "on a case-by-case basis, with compassion for the individual being the central tenet of treatment."

Minister, would you not agree with me that in Marilyn McCleary's case, we should begin with compassion for the individual being and consider this as one case by itself; remove this fear of death or bankruptcy from Marilyn McCleary, which surely was not intended by any architect or any implementer of any OHIP plan anywhere in Canada; deal with that first today, and then carry forward with examination and study of what else we should be providing in Canada? Would you not agree that that is what should be done today, as was recommended by the 1990 conference on the issue by Health and Welfare Canada?

Hon Ms Lankin: I think the member makes a useful distinction in how these issues should be approached. I do agree with him that the general approaches with respect to what we do in the future around treatments and examination of the system should be left as part of the longer term and isn't an immediate answer for the individual case that he brings forward.

I think that each case -- I agree with him -- should be dealt with on a compassionate basis and on a case-by-case basis, and I indicate to him my commitment to do that in this case and in each case that comes along. I also hope he will understand that we will have to make the final decisions with respect to that in terms of what knowledge and information there is available to us, but I do undertake to him to approach this and other cases of this nature in that compassionate, case-by-case way.